

Minutes: Education and Training Workgroup Meeting

December 1, 2004

(17th meeting of this group)

Location: MEMA Headquarters (Massachusetts Emergency Management Agency, Framingham)

Facilitator: Allison Hackbarth, MPH
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Support: Rachel Heckscher, MPH
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Attendees: Gail Bienvenue-Mailhott; Wendy Diotalevi; Lori Cavaleri; Kathleen McVarish; Jon Burstein; Jane Anderson; Lisa Crowner; Kathleen Gilmore; Maxene Armour; Mary Taschner; Barb Coughlin; Rachel Heckscher; Allison Hackbarth; Dan Church; Susan Koszalka; Caley P. Heckman; Anne Sheetz; Diane Gorak; Paula Stamps; Barbara Mackey; Thomas Carbone; Judy Sartori; Ashley Pearson; Elizabeth Sheehy; Gilbert Nick; Cathy O'Connor; Charles Kaniecki; Garry Greer.

Website: <http://www.mass.gov/dph/bioterrorism/advisorygrps/workgroups.htm#education>

Listserv: The address for the listserv for this workgroup is:
MDPH_EP_EDUCATION@peach.ease.lsoft.com

Attachment 1: Massachusetts Laboratory Response Network (LRN) Readiness Drill

Attachment 2: Tri-fold Brochure: New England Alliance for Public Health Workforce Development

Attachment 3: Foundations for Local Public Health Practice: Tools to Get the Job Done (PowerPoint Slides)

Attachment 4: Local Health Training Guide for Massachusetts

Attachment 5: Proposed Learning Objectives for Emergency Preparedness Region 4B Course: "Tools for Effective Local Health Administration"

Attachment 6: Partners in Prevention course announcement

Attachment 7: Guidelines for Developing Competency-Based Emergency Preparedness Training (Table of Contents page only)

Attachment 8: Emergency Preparedness Curriculum Competency Grid

Attachment 9: Sample Training Competency Report

Agenda Items:

1. Introductions and welcome to new members. Allison Hackbarth summarized the mission and purpose of this workgroup as well as the discussion during the last meeting (September 1, 2004) about how to maintain productiveness. Members are welcome to submit topics and agenda items for feedback or discussion, and are encouraged to present or pilot-test any curricula or training programs that are in development.

2. Massachusetts Laboratory Response Network (LRN): Background; Report on Readiness Drills; and LRN Training Update. (See Attachment #1, which describes the drill in detail.)

Background: Garry Greer and Lori Cavalieri described the LRN and explained its purpose and history. The LRN is a coordinated system that integrates laboratory analytical capacity for preparedness and response to biological and chemical terrorism and other urgent threats to public health and national security. It is made up of clinical, military, federal, state, veterinary, agricultural, forensic, food/water, and environmental labs, and provides a link between local, state, and federal laboratories and crime investigation organizations. Among other objectives, HRSA and CDC funding require the LRN to “develop and maintain the capability of Sentinel (Level A) Laboratories.”*

Readiness Drills: The first Massachusetts LRN drill to evaluate the readiness of the network took place in August 2004, with the participation of eighteen labs. The drill consisted of three challenges pertaining to a mock biological specimen. Labs were expected to correctly identify the specimen, follow standard operating procedures, and eventually presumptively identify and refer or rule-out *Bacillus anthracis*. Labs were encouraged to follow LRN protocols. Results of the drill were sent in aggregate to all labs, and each lab’s individual evaluation was sent to that site, confidentially. Following the drill, a conference call was held to debrief and discuss the results of the drill, challenges encountered, and ways to improve laboratory capacity and response. Feedback received in the conference call was excellent. The entire case was reviewed step by step, with information about how to reduce errors and comply with LRN protocols.

Among the goals of the LRN are to improve the speed and accuracy of laboratory response, and to improve lab communication with MDPH. Future drills can check to see if all necessary calls are being made, including calls to the appropriate laboratory at the MDPH State Laboratory Institute and to the Epidemiologist on Call when a presumptive positive result for a bioterrorism (BT) agent is identified.

LRN Training Update: In 2004, eight to ten people per month received Bioterrorism Level A Laboratory training at the State Laboratory Institute (SLI)** (except July, August, and December). The training is targeted to laboratory personnel responsible for the presumptive identification, referral, and/or rule-out of agents of bioterrorism. Recently the FBI began to participate in these trainings (e.g., presenting chain of custody information). Updates on CDC protocols are continually integrated into the curriculum.

The 2005 education and training plan for the LRN is to continue to expand the network, eventually involving all 69 hospital-based microbiology labs in the drills, twenty at a time. All hospitals would participate in a drill at least once a year, thereby maintaining connections and proper protocols. Future drills would use different organisms. LRN staff will use feedback from the drills to update and improve trainings.

Discussion:

- There was a suggestion to include medical examiners in these trainings, particularly with

* A sentinel lab is a microbiology lab that would be responsible for the presumptive identification, referral and/or rule-out of suspect agents of bioterrorism.

**The State Laboratory Institute (SLI) in Jamaica Plain houses two MDPH bureaus whose mission is disease prevention and surveillance. The Bureau of Laboratory Sciences provides diagnostic testing, and the Bureau of Communicable Disease Control is responsible for infectious disease surveillance and control, as well as vaccine distribution.

- regard to specimen collection.
- National Guard and Civil Support Teams have already attended the Bioterrorism Level A Laboratory Training at SLI.
- Regarding the recruitment and participation of hospital labs: In some regions, LRN has come to the attention of hospital CEOs who can encourage or require their labs to participate in the Network's activities.
- In response to a question about security at the LRN trainings, Garry Greer explained that there are two layers of security: (1) prior to the training, for each registrant, the hospital's microbiology lab supervisor must confirm the registrant is a bench microbiologist; and (2) identification cards must be shown on the day of the training in order to be admitted.
- Garry Greer explained that the training could be done in other locations besides the SLI, but that an integral part of the program was observation of agent characteristics using surrogate organisms in a controlled environment (such as a BSL-3 suite). Therefore, training outside SLI would likely not be as productive or worthwhile.
- Garry Greer can be reached at 617-983-6608.

3. Foundations for Local Public Health Practice. (See Attachments # 2, 3, 4, and 5).

Kathleen McVarish of the New England Alliance for Public Health Workforce Development (known as "The Alliance") gave an introduction to The Alliance and its "Foundations" course. The Alliance is a HRSA-funded project with participation from academic partners at the Boston University School of Public Health (where the Alliance is housed), Harvard School of Public Health, Yale University School of Public Health, Tufts University School of Medicine, the University of Massachusetts School of Public Health and Health Sciences, and the CDC. Each of the 6 NE states decides what preparedness issue they want to work on and which academic partner to work with.

In Massachusetts, the Alliance has worked closely with a committee representing local public health. The committee had identified training for local public health staff as a top priority; the Foundations course was developed to meet these needs. There are three tracks, or "modules:" (1) An Overview of Local Public Health Practice; (2) Environmental Health Practice; and (3) Public Health Nursing Practice. The emphasis of the latter two tracks is on applied roles and responsibilities. Each module has 6 sessions, and each session is 2.5 hours. All trainees must take module 1 then either 2 or 3, or both, in order to complete the training.

In response to questions, Kathleen McVarish and other workgroup members clarified and mentioned the following points:

- The Environmental track does not currently address school environmental health. This topic will be considered for future trainings.
- During the pilot phase, there has been no fee for the course or binder (the price of which is \$25 at cost). Costs, locations, and schedules for the training still have yet to be determined.
- When the statewide Local Public Health Training Institute comes into existence, it is likely that the Institute could help run the Foundations course.
- There is some interest in making the Foundations course a college level course, housed at a school of public health or community college.
- It will be difficult to enroll participants in towns where there are no paid staff. Nonetheless it is a very important training, even though some will not be able to participate fully.
- As much as possible, the course will be available in CD ROM or online training formats. Live and/or interactive distance learning technology (e.g., webcast, video conferencing, satellite broadcast) is also being considered, but to leverage it can be complicated and may be prohibitively expensive. Note: All DPH regional offices should have satellite broadcast

- technology by the end of August 2005.
- The Alliance will soon be beginning to promote the course so that local health departments will be able to include it in their training and spending plans.
- There was a suggestion to include certain parts of the Foundations course at the MHOA conference and the yearly School Health Institute.

Under a separate contract, the Alliance is developing a few specialized modules for Emergency Preparedness Region 4B. These courses would be delivered to the 4B coalition after its monthly meetings. These will include: A Toolkit for Managing a Local Public Health Department; Epidemiology and Biostatistics for the Practitioner; and Developing Programs and Policies to Address Local Public Health Issues.

4. TRAIN Learning Management System. (See Attachment #6).

The learning management system used by MDPH, TRAIN (Training-Finder Real-Time Affiliate Integrated Network), now has 303 users registered. There are also 20 course providers registered, representing 9 agencies. The numbers of enrollees is expected to increase as more courses are listed on the system. Feedback on TRAIN is requested. There are some funds available to update the site, so please register and use it, and communicate your feedback to Steve Fleming (Manager and Administrator of TRAIN) at 617-983-6800 or stephen.fleming@state.ma.us.

5. Guidelines for Developing Competency-Based Emergency Preparedness Training. (See Attachments #7 and 8).

Betsy Sheehy, Health Educator for Emergency Preparedness Region 3 (Northeastern Massachusetts), gave an update on the progress of the Guidelines for Developing Competency-Based Emergency Preparedness Training. The Guidelines are for course providers or agencies that will be developing courses or curricula related to emergency preparedness. The project is in its final review stage. The manual will be available as a binder and in an online version. The HAN version is currently being developed; when it is complete, competency information can be queried based on profession or target audience (see sample printout, Attachment #8).

There was a question about the difference between “performance level” and “technical level.” Betsy clarified that the term “technical level” applies to law enforcement and first responder professions only, to keep in line with the terminology used in those professions.

6. Next Meetings of this Workgroup:

Wednesday, **March 2, 2005** from 1:00 to 3:00 pm. Location: Worcester Public Library (main library at 3 Salem Square).

Wednesday, **June 1, 2005** from 1:00 to 3:00 pm. Location: TBA.

Wednesday, **September 7, 2005** from 1:00 to 3:00 pm. Location: TBA.

Note: This workgroup now meets on a quarterly basis (i.e. once every three months), generally on the first Wednesday of the month.